



Linda McCulloch, Superintendent
 Office of Public Instruction
 PO Box 202501
 Helena, MT 59620-2501

**School District Claim for
 State Reimbursement for
 School Bus Transportation**

State
 District
 County

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
 month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees
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County: 51 Toole	District: 0903 Sunburst K-12 Schools	District Level: High School
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Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1 WEST	94	0.95	34	08/04/04	_____	_____
100	2	10 KEVIN	101	1.36	60	08/04/04	_____	_____
100	2	4 SWEET GRASS	47	0.95	46	08/04/04	_____	_____
100	2	5 OILMONT	176	1.15	58	08/04/04	_____	_____
100	2	9 9-Mile	112	0.95	48	08/04/04	_____	_____



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County: 51 Toole	District: 0910 Shelby Elem	District Level: Elementary
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Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
60	14	1	114	1.15	54	08/04/04	_____	_____
60	14	2	86	1.57	72	08/04/04	_____	_____
60	14	2A	91	1.57	72	08/04/04	_____	_____
60	14	3	134	0.95	48	08/04/04	_____	_____
60	14	4	105	1.15	54	08/04/04	_____	_____



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Date	Signature, Chair, Board of Trustees	
County: 51 Toole	District: 0911 Shelby H S	District Level: High School

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	14	1	114	1.15	54	08/04/04	_____	_____
40	14	2	86	1.57	72	08/04/04	_____	_____
40	14	2A	91	1.57	72	08/04/04	_____	_____
40	14	3	134	0.95	48	08/04/04	_____	_____
40	14	4	105	1.15	54	08/04/04	_____	_____

